

ues to change as new chemotherapy agents are developed. These results suggest that therapies that avoid or ameliorate the most troublesome side-effects would be preferred agents.

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### **AN APPRAISAL OF TREATMENT SATISFACTION AND PATIENT PREFERENCE ASSESSMENTS IN PATIENTS DIAGNOSED WITH CANCER**

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**OBJECTIVES:** Various disease specific instruments exist to measure treatment satisfaction and patient preference. Subsequently, data from these instruments have been used to differentiate treatment options. Several measurements exist to assess satisfaction with oncology care, but few tools exist to measure satisfaction with or preferences for oncology treatments. As the paradigm in oncology shifts from treating and managing cancer as a terminal disease to a chronic disease and with an increasing number of treatment options, the need to assess patients' perceptions and preferences regarding treatment becomes more evident. The purpose of this study was to review and compare characteristics of instruments within oncology studies that assessed aspects of treatment satisfaction and patient preference.

**METHODS:** Publications involving oncology patients, treatment satisfaction, and patient preference were identified through the search of available literature within MEDLINE and CANCERLIT.

**RESULTS:** The search did not identify a comprehensive patient treatment satisfaction instrument. Selected findings included the preference for: oral rather than intravenous medication; treatment at home over outpatient clinic care; and follow-up care with primary physicians rather than oncologists. Findings with respect to patient preference for using chemotherapy revealed that survival and toxicity trade-off differed between patients with different tumor types. Breast cancer patients are more willing to accept aggressive treatment with severe side effects in exchange for minimal to no increase in survival rates. Non-small cell lung cancer patients, on the other hand, are not as willing to undergo chemotherapy and prefer a significant increase in survival duration with minimal toxicity.

**CONCLUSIONS:** Various techniques have been used to assess aspects of patient satisfaction and preference with treatment. However, the application of these instruments in oncology is not yet widespread. The availability of a tool that combines these measurements into one instrument would be valuable when evaluating new therapies compared to standard of care regimens.

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### **USE OF THE EUROQOL VISUAL ANALOGUE SCALE IN ASSESSING LONGITUDINAL CHANGES IN QUALITY OF LIFE IN CANCER PATIENTS: A COMPARISON WITH SUBSCALES OF THE MEDICAL OUTCOMES SURVEY SHORT FORM-36**

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**OBJECTIVE:** To examine the relative contributions of mental and physical health to evaluations of health preference for advanced-stage cancer patients in a longitudinal setting.

**METHODS:** We compared changes in the Physical Component Summary (PCS) and Mental Component Summary (MCS) scores of the Medical Outcomes Survey Short Form (SF-36) with changes in the EuroQoL visual analogue scale (VAS) for a sample of advanced-stage cancer patients. Using data collected at baseline and 3-month followup in a multicenter study of 328 cancer patients eligible for phase I clinical trials, we examined correlations among change-from-baseline scores for the PCS, MCS, and VAS.

**RESULTS:** Mean age was 57.5 years; 10 different types of malignancies were represented in the sample. Completers (144 patients who completed both baseline and follow-up questionnaires) had a significantly ( $p = 0.01$ ) higher average baseline PCS score ( $M = 41.5$ ,  $SD \pm 10.1$ ) than non-completers ( $M = 38.3$ ,  $SD \pm 12.3$ ), whereas baseline MCS and VAS scores did not differ between the two groups ( $p = 0.74$  and  $0.28$ , respectively). Change-from-baseline in the VAS ( $M = -5.7$ ,  $SD \pm 21.8$ ) was positively correlated ( $r = 0.34$ ,  $p = 0.0002$ ) with changes in the PCS ( $M = -4.1$ ,  $SD \pm 9.9$ ), and was positively correlated ( $r = 0.23$ ,  $p = 0.0123$ ) with changes in the MCS ( $M = -1.1$ ,  $SD \pm 9.7$ ). While the distribution of VAS change scores was more piqued, there was greater variability in MCS and PCS change scores.

**CONCLUSIONS:** Changes in overall mental and physical health contribute approximately equally to changes in advanced-stage cancer patients' preferences for their current health states. Our ability to detect strong correlations between changes in the VAS preference measure and changes in the MCS and PCS health status measures was limited by lack of variability in change scores for the preference measure used. Further research should examine longitudinal relationships between other preference measures (i.e. standard gamble and time-tradeoff) and generic health status measures.